

MULTIPLE DEPEN. CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/568189**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
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TOTAL IND.	1	↓	↓	↓	↓	↓	
TOTAL DEP.	←	↔	↔	↔	↔	↔	↔
TOTAL CLAIMS	7	██████████	██████████	██████████	██████████	██████████	██████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.		↓	↓	↓	↓	↓	
TOTAL DEP.	←	↔	↔	↔	↔	↔	↔
TOTAL CLAIMS	7	██████████	██████████	██████████	██████████	██████████	██████████